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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	361007-12
First Named Inventor	Dr. Yogendra Joshi, et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Orientation-Independent Thermosyphon Heat Spreader

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002 OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	<b>24239</b>	AND /OR/ <input checked="" type="checkbox"/>	Correspondence address below
PATENT TRADEMARK OFFICE					
Name <b>Matthew W. Witsil, Moore &amp; Van Allen, PLLC</b>					
Address <b>P.O. Box 3843</b>					
City <b>Durham</b>		State <b>NC</b>		ZIP <b>27702-3843</b>	
Country <b>USA</b>		Telephone <b>(919) 286-8000</b>		Fax <b>(919) 286-8199</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <b>Dr. Yogendra</b> (first and middle (if any))		Family Name <b>Joshi</b> or Surname			
Inventor's Signature <i>Yogendra Joshi</i>		Date <b>April 5, 2001</b>			
Residence: City <b>Burtonsville</b>		State <b>MD</b>		Country <b>USA</b>	
				Citizenship <b>India</b>	
Mailing Address <b>Department of Mechanical Engineering, Univ. of Maryland</b>					
City <b>College Park</b>		State <b>MD</b>		ZIP <b>20742</b>	
				Country <b>USA</b>	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name <b>Sunil S.</b> (first and middle (if any))		Family Name <b>Murthy</b> or Surname			
Inventor's Signature		Date			
Residence: City <b>Greenbelt</b>		State <b>MD</b>		Country <b>USA</b>	
				Citizenship <b>India</b>	
Mailing Address <b>Department of Mechanical Engineering, Univ. of Maryland</b>					
City <b>College Park</b>		State <b>MD</b>		ZIP <b>20742</b>	
				Country <b>USA</b>	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)  
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## DECLARATION

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 1

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Dr. Wataru

Nakayama

**Inventor's  
Signature**

**Date**

**Residence: City** Rockville

**State** MD

**Country** USA

**Citizenship** Japan

**Mailing Address** Department of Mechanical Engineering, Univ. of Maryland

**Mailing Address**

**City** College Park

**State** MD

**ZIP** 20742

**Country** USA

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's  
Signature**

**Date**

**Residence: City**

**State**

**Country**

**Citizenship**

**Mailing Address**

**Mailing Address**

**City**

**State**

**ZIP**

**Country**

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's  
Signature**

**Date**

**Residence: City**

**State**

**Country**

**Citizenship**

**Mailing Address**

**Mailing Address**


**City**

**State**

**ZIP**

**Country**

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PTO/SB/01 (02-01)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Dr. Yogendra Joshi, et al.
Title	Orientation - Independent...
Group Art Unit	
Examiner Name	
Attorney Docket Number	361007-12

I hereby appoint:

☒ Practitioners at Customer Number

24239

OR AND

☒ Practitioner(s) named below:

Name	Registration Number
James A. Poulos, III	31,714
Sung T. Kim	45,398

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☒ Firm or Individual Name

Matthew W. Witsil

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name

Dr. Yogendra Joshi

Signature

Date

April 5, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted. Form 1 of 3.

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